MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -62-047752 Registration District No. 4348 Registrat's No. STATE FILE NUMBER DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH Missouri a. COUNTY a. STATE VS 300 AMENDED b. CITY (If outside corporate limits, give TOWNSHIP only) Montgomer y Rev. 4/59 Length of stay in 1b TOWN Wellsville (If outside, give location) TOWN Yes 🖭 No 📋 <u>Wellsville</u> 700 c. FULL NAME OF (If NOT in hospital, give location) Inside Limits Reside on Farm HOSPITAL OR **ADDRESS** Yes 💢 No 🗀 102 1st. St. Yes 🔲 No 🐿 0-0 3. NAME OF DECEASED Middle Last 4. DATE Year 3 (Type or print) DEATH Bennett 9. AGE (last birthday) 10 1062 I FUNDER 1 YEAR | IF UNDER 24 HR avers 0 7. Married □ DATE OF BIRTH 5. SEX 6. COLOR OR RACE Never Married □ Months 10 Divorced 🛣 Widowed 8.1907 5 white Teb 8.11907 55 3 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) FOLLOWS ARVADA . Wyo. Brick plant retired laborer 14. NAME OF HUSBAND OR WIFE Walter Sayers Carrie Bennett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, or unknown) (If yes, give war or dates of service) Lois Ham. Warrenton. Mo 9322.0 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH 10 IMMEDIATE CAUSE (a) Acute Acholism RECORD 9 Conditions, if any, DUE TO (b) ESS which gave rise to above cause (a), stating the under-DUE TO (c) lying cause last. ŏ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was female CERTIFICATION disease condition given in PART I (a) there a pregnancy in last 90 days. **AMENDMENTS** ☐ Unknown 20a. ACCIDENT SUICIDE 19. WAS AUTOPSY PERFORMED? HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) YES | NO. MEDICAL 20c. TIME OF Month, Day, Year Hour RIBBON a.m. p.m. -USE BLACK INK 20d. INJURY OCCURRED WHILE AT WORK | NOT WHILE AT WORK | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE READ YPEWRITER _and last saw her alive on 21. I attended the deceased from..... ____m on the date stated above, and to the best of my knowledge, from the causes stated. SHOULD Death occurred at-(Degree or title) 22b. ADDRESS 22c. DATE SIGNED AFFIDAVIT OF 22a. SIGNATURE 23c. NAME OF CEMETERY OR CREMATORY - 234 100 23d. LOCATION (City, town, or county) 23a. BURIAL, CREMATION, 236. DATE REMOVAL (Specify) Š Browing, Mo Bennett Cemetery Burial HEW 24. FUNERAL DIRECTOR 合 Wallsville Mo F. Myers. (Licensed Embalmer's Statement on Reverse Side)

EEB T 8 1883

· · · · ·

DEC 27 1962

STATEMENT BY LICENSED EMBALMER

| I hereby certify that the body whose name is i | recorded on the reverse side of this certificate was embalmed by me, |
|--|--|
| or by | , Student Embalmer No. |
| working under my personal supervision. | <i>11</i> |
| Student Signature of Student Embalmer | Signed Taperard Amyers |
| Signature of Student Empainer | Licensed Embalmer No. 44.94 |
| | P. O. Address <u>Wellsville, Mo</u> |

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.